

Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction

As required by section 6033(a)(2) of the Internal Revenue Code

Open to Public Inspection

For calendar year 20____, or tax year beginning _____, 20____ and ending _____ 20____.

Name of tax-exempt entity _____
Employer identification number _____

In care of (if applicable) _____

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) _____

City or town, state, and ZIP code _____

1 Check the applicable box that describes the tax-exempt entity.

- | | |
|---|--|
| <input type="checkbox"/> An organization described in section 501(c) or 501(d) | <input type="checkbox"/> An eligible deferred compensation plan described in section 457(b) which is maintained by an employer described in section 457(e)(1)(A) |
| <input type="checkbox"/> A State, a possession of the United States, or the District of Columbia, a political subdivision of a State or possession of the United States | <input type="checkbox"/> An individual retirement account |
| <input type="checkbox"/> An Indian tribal government | <input type="checkbox"/> An individual retirement annuity |
| <input type="checkbox"/> A plan described in section 401(a) which includes a trust exempt from tax under section 501(a) | <input type="checkbox"/> An Archer MSA |
| <input type="checkbox"/> An annuity plan described in section 403(a) or annuity contract described in section 403(b) | <input type="checkbox"/> A custodial account treated as an annuity contract under section 403(b)(7)(A) |
| <input type="checkbox"/> A qualified tuition program described in section 529 | <input type="checkbox"/> A Coverdell education savings account |
| | <input type="checkbox"/> A health savings account |

2 Identify the type of prohibited tax shelter transaction. Check all the box(es) that apply (see instructions).

- a** Listed transaction **b** Confidential **c** Contractual protection

3 If the transaction is a listed transaction or substantially similar to a listed transaction, identify the listed transactions (see instructions). _____

4 Identity of other parties (whether taxable or tax-exempt) to the transaction, if known (attach additional sheets, if necessary):

Name of party _____

Number, street, and room or suite no. _____

City or town, state, and ZIP code _____

Name of party _____

Number, street, and room or suite no. _____

City or town, state, and ZIP code _____

I declare under penalty of perjury that I am authorized to sign this disclosure, that I have examined this disclosure, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Signature of director, trustee, officer, or other authorized official Date

Type or print name of signer Type or print title or authority of signer